

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007829

**Entity Name:** RETHREADED, INC.

**Current Principal Place of Business:**

515 E 9TH STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

515 E 9TH STREET  
JACKSONVILLE, FL 32206 US

**FEI Number:** 45-3036999

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABEL BEAN LAW, P.A.  
100 N. LAURA STREET - STE. 501  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KEEN, KRISTIN  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            KANE, MICHAEL  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            COCKRELL, JOSH  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            BOWDEN, KAREN IBACH  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            CARR, LAWSON  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            MENCY, RHEA  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            WILLIAMS, TRAVIS  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR  
Name            SANDERS, KYLE  
Address        515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN KEEN

**CEO**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILLIAMS, KRISTIN  
Address 515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name BRYAN, RENATA  
Address 515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name WENDZEL, KAREN  
Address 515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name KOUCHIS, JENNIFER  
Address 515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title COO  
Name JONES, JASON  
Address 515 E 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206